

TELEGRAPHIC	MESSAGE	•.				
ME OF AGENCY		PRECEDENCE	SECURITY CLASSIFICATION			
DHEW/PH PROGRAN	IS/HSMHA/REGIONAL MEDICAL IS SERVICE	ACTION:	SCORII CLASSIFICATION			
		INFO:				
ACCOUNTING CLASSIF	CATION					
	•	DATE PREPARED	TYPE OF MESSAGE			
2-33/1012	75-30321 23.6J FOR INFORMATION CALL	14/4/73	SINGLE			
NAME	TOR INFORMATION CALL	PHONE NUMBER	□ BOOK			
		PHONE NUMBER	MULTIPLE-ADDRESS			
THIS SPACE FOR	USE OF COMMUNICATION UNIT	1				
	Commonweal Plants	•				
	MESSAGE TO BE TRANSLUTTED	(Use double spacing and all capital le				
TO: VINCE M	OSELEY, M.D.					
COORDIN	ATOR	TO: JOHN E. WISE	•			
	AROLINA REGIONAL MEDICAL PROG		NT AND TREAS.			
MEDICAL.	UNIVERSITY OF SOUTH CAROLINA					
80 BARR	E STREET					
	TON, SOUTH CAROLINA 29401	80 BARRE STR				
	zon, Booth CAROLINA 29401	CHARLESTON,	S.C.			
TO: T.H. GR	IFFITH					
	DIRECTOR, RMP					
	OF THE REGIONAL HEALTH DIRECT	^. ∩D				
DHEW RE	GION IV	OK .				
	NTH STREET, N.E. ROOM 423.					
ATLANTA	, GEORGIA 30323					
	•					
THIS IS	TO ADVISE YOU OF THE DECISION	NS RESULTING FROM REV	TEU BY DIME			
1						
	PHASE-OUT PLANS SUBMITTED ON N	·	CAROLINA			
REGIONAL	MEDICAL PROGRAM. THE DECISION	ONS ARE AS FOLLOWS:				
1.	1. THE TERMINATION DATE FOR THE SOUTH CAROLINA REGIONAL					
	MEDICAL PROGRAM IS FEBRUARY 14, 1974. THIS IS THE DATE					
	BEYOND WHICH NO RMPS GRANT FUNDS MAY BE EXPENDED.					
2.	THE APPROVED DIRECT COST IS NOW \$1,587,386 PLUS					
	APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE					
	ISSUED FOR THE NEW APPROVED	BUDGET PERIOD SEPTEME	BER 1, 1972			
	THROUGH FEBRUARY 14, 1974.					
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		S	ECURITY CLASSIFICATION			
		PAGE NO. NO. OF PGS.				
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STANDARD FORM 14 FEVISED AUGUST 1967 CSA FPMR (41 CFR) 101-35,306

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NAME OF AGENC	Y	PRECEDENCE		SECURITY CLASSIFICA	
		*		SECORITY CLASSIFICA	ATION
	•	ACTION:			
ACCOUNTING ICLA		INFO:			
ACCOUNTING 'CLA	SSIFICATION	DATE PREPAR	ŧD	TYPE OF MESSAGE	
	FOR INFORM	MATION CALL		SINGLE	
NAME		PHONE NUMB	BER	BOOK	
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\	MESSAGE TO	AF TRANSMITTED (11	•		
TO:		BE TRANSMITTED (Use double sp	acing and all capital l	letters)	
	•			2	
	FUNDS MAY BE EXPE	NDED AFTER 6/30/73	700 o		
	PROOF MACHER	III IER 0/30//3	FOR ONLY THE	OSE	
	FRUGRAMMATIC ACTI	VITIES LISTED BELOW	₹ :		
	NUMBER	TITLE			Ď 1 2 2
	055А немор		.•		* 6 # 9 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *
		IALYSIS CONTINUING	EDUCATION		
	055В НОМЕ	TRAINING IN DIALYSI	S		
	055D HEMODI	ALYSIS TRANSPLANT	UNIT		
	042 HEART/	STROKE IMPLEMENTAT	ION		
•	045 NUCLEA	R MEDICINE		1 0 0 4	
	049 STATEW	IDE LABORATORY TRAI	INING		
	051 HEALTH	COMMUNICATIONS IN	CONTINUING	EDUCATION	
		AL CCU LINKAGE			
	060 CHILDRI	EN'S CARDIO - RESPI	RATORY		
		AL BIOENGINEERING S			
	ALL OTHER ACTIVITIE	s now ongoing, inc	LUDING THOSE	PREVIOUSLY	
	CONTRACTED, MUST BE	TERMINATED BETWEEN	N NOW AND JU	NE 30.	
4.	FUNDS MAY NOT BE RE	BUDGETED INTO PROGI	RAM STAFF PE	RSONNEL.	
	EXPENDITURES FOR EQ	UIPMENT, CONSULTANT	rs, Travel,	SECURITY CLASSIFICATION	N.
	AND MEETINGS SHOULD	BE KEPT AT A PAGE NO			
	MINIMUM.	2			

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	PHIC MESSAGE	ABECENENCE	SECTION CLASSICATION			
100	LGENCY	PRECEDENCE	SECURITY CLASSIFICATION			
1		-ACTION:				
		INFO:				
COUNTIN	G CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE			
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	FOR INFORMATION CALL		SINGLE BOOK			
NAME		PHONE NUMBER	Multiple-Address			
THIS SPACE	CE FOR USE OF COMMUNICATION UNIT					
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	MESSAGE TO BE TRANSMITT	ED (Use double spacing and all capital	letters)			
O: <u>`</u>						
		•				
	5. IN SUMMARY, THE ABOVE FUND	ING LEVEL WAS DERIVED	TO PROVIDE			
	CHIPDOPT REVOND THE 20 FOR	THE DOOTEONS AND AOM	TUTMTPO			
	SUPPORT BEYOND JUNE 30 FOR	THE PROJECTS AND ACT	IVIIIES			
	LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR					
	PROJECT ACTIVITY AND TO AS	SURF COMPLIANCE WITH	CLOSE-			
•	TROUBLE MOTIVITE MAP TO AD	BOKE COTH BIANCE WITH	CLOSE-			
	OUT REQUIREMENTS BY FEBRUARY 14, 1974.					
	THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE					
•						
	RESPONSE TO YOUR PROPOSED PLAN	S FOR EQUIPMENT DISPO	SAL, RECORDS			
	RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT					
	Particular our Financia in Financia					
	REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO					
	ENABLE YOU TO INITIATE PHASE-O	UT OPERATIONS AND NEG	OTIATIONS.			
		•				
	WE EXPECT THAT YOU WILL HAVE Q	UESTIONS AND WE HRGE	YOU TO CALL			
•						
• 1	THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE					
	AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACT-					
	ING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR					
	PROGRAM AND THE FORMS TO BE PR	EPARED TO SUPPORT THE	AMENDED			
	AWARD NOTICE.					
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	HADOLD MADOULTE	C M D	SECURITY CLASSIFICATION			
	HAROLD MARGULIE DIRECTOR	PAGE NO. NO. OF PGS.	1			
	REGIONAL MEDICA	1 1				
	PROGRAMS	3 3				

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